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**Fax Transmission** | April 6, 2004

TO: Commissioner for Patents  
Attn: Examiner Kenneth A. Gross  
U.S. Patent and Trademark Office  
Alexandria, VA 22313-1450

FROM: Timothy P. Sullivan  
TELEPHONE: 206.342.6254

OUR REF: 50037.40US01 (JJF/ab)

APR 06 2004

PTO FAX NUMBER 1-703-872-9306Total pages, including cover sheet 19

If you do NOT receive all of the pages, please telephone us at 206.342.6200, or fax us at 206.342.6201.

Documents Transmitted: Amendment: Transmittal Sheet in duplicate:  
Credit Card Payment Form

Title: MINIMAL INSTRUMENTATION FOR LOSSLESS CALL  
PROFILING  
Applicant: Barry M. Nolte  
Serial No.: 09/560,269  
Filed: April 26, 2000  
Group Art Unit: 2122  
Our Ref. No.: 50037.40US01

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April 6, 2004By: 

Name: Timothy P. Sullivan  
Reg. No.: 47,981

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FROM-MERCHANT &amp; GOULD P.C.

206-342-6201

T-119 P.002

F-365

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Barry M. Nolte  
Serial No.: 09/560,269  
Filed: April 26, 2000  
Confirmation No.: 2518  
Title: MINIMAL INSTRUMENTATION FOR LOSSLESS CALL PROFILING

Examiner: Kenneth A. Gross  
Group Art Unit: 2122  
Docket: 50037.40US01  
Due Date: April 26, 2004

CERTIFICATE UNDER 37 CFR 1.8:

I hereby certify that this correspondence is being sent via facsimile 703-872-9306, Commissioner for Patents, ATTN: Kenneth A. Gross, P.O. Box 1450, Alexandria, VA 22313-1450 on April 6, 2004.

By: [Signature]  
Name: Timothy P. Sullivan

VIA FACSIMILE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

We are transmitting herewith the attached:

- ☒ Transmittal Sheet in duplicate containing Certificate of Mailing
- ☒ Amendment
- ☒ Credit Card Payment Form in the amount of \$108 for additional claims fee  
The fee has been calculated as shown below in the "Claims as Amended" table
- ☒ Return postcard

CLAIMS AS AMENDED

Claims Remaining After Amendment		Highest Number Previously Paid For		Present Extra		Rate		Fee
Total Claims								
51	-	45	=	6	x	18.00	=	\$108.00
Independent Claims								
6	-	6	=	0	x	86.00	=	\$0.00
MULTIPLE DEPENDENT CLAIM FEE								\$0.00
TOTAL FILING FEE								108.00

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Reg. No.: 47,981  
JJE/ab

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